## REAPPOINTMENT APPLICATION AS QUALIFIED MEDICAL EVALUATOR



For the Department of Industrial Relations Industrial Medical Council P. O. Box 8888 San Francisco, CA 94128-8888

BLOCK 1 (FORALLAPPLICANTS)	PLEASE TYPE OR PRINT LEGIBLY		
Please list your primary location. Additional locations mo LAST NAME	ay be added when your fee assessment is paid.  FIRST NAME	MI	JR/SR
LASTNAME	FIRST NAME	IVII	JR/SR
BUSINESS ADDRESS FOR QME EVALUATIONS (DO NOT USE P. O. BOX)	CITY	ZIP	+ 4
MAILING ADDRESS FOR CORRESPONDENCE	CITY	ZIP	+ 4
(AREA CODE) PHONE NO.  CAL. PROFESSIONAL LICENSE NUMBER	(MM/YY) EXPIRATION	YEAR ENTERE PRACTICE	ED
	DCEED TO BLOCK 2	TRACTICE	
BLOCK 2 (FOR MDs AND DOs ONLY)  NOTE: APPLICANT MUST MEET ONE OF TH  1) I am board certified in the specialty for which I at the Council and the Medical Board of California or the C certification expires, if applicable  (If you became board certified after your last QME appl board certification).	m applying to become a QME by a board recogni: Osteopathic Medical Board of California. Date	board	_
<ul> <li>2) I am board qualified because:</li> <li>a) Since 1985, I have not failed the specialty certi-appointment as a QME; and</li> <li>b) I have completed the minimum requirements as defor postgraduate training in the specialty at an insequivalent on (Date Complete Complete)</li> </ul>	efined by a specialty board recognized by the stitution recognized by the ACGME or the osteo		
3) I declare under penalty of perjury to the Council t legal evaluation reports and served as an AME on 25 January 1, 1990, and December 31, 1994. (Please p 1994 and December 31, 1994, i.e. AME cover letters or done so.	or more occasions during each calendar year l provide documentation of 25 AMEs between Ja	between nuary 1,	
I have submitted these documents previously.			
4) I have qualifications that the Council and the Media Board of California both deem to be equivalent to board mentation from the Medical Board).	_		
5) I declare under penalty of perjury to the Council prior to $1/1/70$ .	that I served as an AME on 8 or more occasions	5	
PRO	CEED TO BLOCK 3		

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BLOCK 3 (FOR REQUIREMEN		ANTS) NO	TE: APPLICANT	T MUST ME	ET ONE OF THE FO	OLLOWING T F
Medical Treatment" attempts to clinical pathological condit: 2) I have served a	is that special pha ly diagnose and alt ion; or (2) attempts s an Agreed Medica this application.	use of the heal er or modify the sto cure or rel al Evaluator ( (Submit docum under penalty	time to providing dire th care provider-pation me expression of a non- lieve the effects of an AME) on eight (8) or entation of 8 AME's, in of perjury.)	ent relationsh industrial illr industrial inj more occasion .e. AME cover l	ip which (1) ness, injury or ury.) s in the 12 months	
BLOCK 4 (FOR PLEASE INDICATE S		•	ARE APPLYING TO DO	QME EXAMS (	USE ENCLOSED SPECIALTY	Y CODE LIST)
Professtional pracspecialty code:	ctice		stional practice		Professtional practice specialty code:	:
		P	PROCEED TO BLO	OCK 5		
BLOCK 5 (FOR	ALL APPLICA	ANTS)				INITIAL
	Initialing each ements	box affirm	s that you have re	ead and agre	ee to each of the	EACH BOX
			ry time limits of the c proved by the Executiv		my evaluation unless an ctor.	
B. I have read and understand Labor Code Section 139.3 and 139.31. I agree that I shall abide by all their provisions. I will not refer patients to facilities in which I or my family members have a financial interest, except as permitted by law. I agree I shall not offer, deliver, receive or accept any rebate, refund, commission, preference, patronage, dividend, discount or other consideration, whether in the form of money or otherwise, as compensation or inducement for any referred evaluation or consultation. I agree not to solicit to provide medical treatment to an injured employee for any injury for which I have done a QME evaluation.						
C. I certify that I meet all standards of performance and conduct for QME appointment and I shall endeavor to continue to meet such standards during my term as a Qualified Medical Evaluator.						
D. I understand that I must keep my license to practice active and that it currently is active. I certify that I am not currently on probation with my licensing board nor on any court-ordered probation. I certify I will notify the IMC of any of the following events:a) change in my license status; b) any past or future conviction related to the conduct of my practice or for any crime of moral turpitude; and c) upon being placed on probation by my licensing board or by any court-ordered probation.						
E. I agree that all information provided in this application is public information and subject to statutes regarding medical-legal evaluation privacy and confidentiality.						
F. I agree that I shall not request or accept any compensation from any source for a comprehensive medical-legal evaluation in excess of fees authorized by the medical-legal fee schedule and the Official Medical Fee Schedule .						
G. I certify that IMC with my earlier			ng documentation which , true and correct.	h I previously	submitted to the	
to the best of my kn and complete. Failu	nowledge the inform re to provide truth:	mation contai: ful informatio	ned herein and in the n shall result in denia	attached supp al of applicant	re reviewed this completed orting documentation is t 's reappointment and/or dis that the foregoing is true	rue, correct sciplinary
<b>Executed on</b> (	MM/DD/YY)	at	County	CA	Applicant's Sig	nature

## A PUBLIC DOCUMENT

PRIVACY NOTICE - The Information Practices Act of 1977 and the Federal Privacy Act require the Industrial Medical Council (IMC) to provide the following notice to individuals who are asked by a governmental entity to supply information for appointment as a Qualified Medical Evaluator (QME).

The principal purpose for requesting information from QMEs is to administer the QME program within the California workers' compensation system. Additional information may be requested if your application is denied and/or a disciplinary action is taken.

The California Labor Code requires every QME physician to meet certain statutory requirements. Physicians are required by the Labor Code to provide: name; business address/addresses; professional education; training; license number; year entered practice and other requirements deemed necessary by the IMC. It is mandatory to furnish all the appropriate information requested by the IMC. Failure to provide all of the requested information may result in the denial of the application.

As authorized by law, information furnished on this form may be given to: you, upon request; the public, pursuant to the Public Records Act; a governmental entity, when required by state or federal law; to any person, pursuant to a subpoena or court order or pursuant to any other exception in Civil Code § 1798.24.

An individual has a right of access to records containing his/her personal information that are maintained by the IMC. An individual may also amend, correct, or dispute information in such personal records (Civil Code § 1798.34-1798.37).

Requests should be sent to:

Industrial Medical Council P.O. BOX 8888 SAN FRANCISCO, CA 94128-8888 (650) 737-2700 www.dir.ca.gov

You may request a copy of the IMC policy and procedures for inspection of records at the above address. Copies of the procedures and all records are ten cents (\$0.10) per page, payable in advance. (Civil Code § 1798.33).

## For Use on the QME Reappointment Application Form

IMPORTANT: PLEASE USE THREE LETTER SPECIALTY CODE WHEN COMPLETING BLOCK 4 OF THE REAPPOINTMENT APPLICATION FORM

	MD/DO SPECIALTY CODES	NON-MD/DO SPECIALTY CODE
MAI	Allergy and Immunology	*denotes a doctor of chiropractic who
MA	Anesthesiology	has completed a chiropractic post-
MRS	Colon & Rectal Surgery	graduate specialty program
ME	Dermatology	
MEM	Emergency Medicine	ACA Acupuncture
MP	Family Practice - MD	DCH Chiropractic
OFP	Family Practice - DO	DCN Chiragraphic - Neurology*
OM.	Family Practice - DO - Including Osteo-	DCO Chiropractic - Orthopaedic*
QIVI	pathic Manipulation	DCR Chiropractic - Radiology* DCS Chiropractic - Sports Medicine*
MM	General Preventive Medicine	1
MOH	Hand - Orthopaedic Surgery	1
MH	Hand - Plastic Surgery	DEN Dentistry OPT Optometry
MSH	Hand - Surgery	POD Podiatry
NMM	Internal Medicine	PSY Psychology
MW	Internal Medicine - Cardiovascular Disease	
MME	Internal Medicine - Endocrinology	1 Siv 1 Sychology-Chinical Acutopsychology
	Diabetes and Metabolism	
$\mathbf{M}\mathbf{G}$	Internal Medicine - Gastroenterology	
MMH	Internal Medicine - Hematology	
MM	Internal Medicine - Infectious Disease	
MAO	Internal Medicine - Medical Oncology	
MMN	Internal Medicine - Nephrology	
MMP	Internal Medicine - Pulmonary Disease	
MMR	Internal Medicine - Rheumatology	
MQQ	Medicine - Otherwise Qualified	
MPN	Neurology	
MNS	Neurological Surgery	
MM	Nuclear Medicine	
MOG	Obstetrics and Gynecology	
MO	Occupational Medicine	
MP	Ophthalmology	
MOS	Orthopaedic Surgery	
MB	Orthopaedic Surgery - Including Back	
MIO MAP	Otolaryngology Rein Management Angsthesialogy	
MPP	Pain Management - Anesthesiology Pain Management - Pain Medicine	
MHA	Pathology	
MEP	Pediatrics	
MR	Physical Medicine & Rehabilitation	
MPS	Plastic Surgery	
MED	Psychiatry	
MRY	Radiology	
MSY	Surgery	
MSG	Surgery - General Vascular	
MIS	Thoracic Surgery	
MPΓ	Toxicology - Occupational Medicine	
MEΓ	Toxicology - Emergency Medicine	
NITT	II1	Attachment to Form 104

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